



REQUEST FOR HEARING BEFORE THE CLARK COUNTY AIR POLLUTION CONTROL HEARING BOARD

Request for Variance

1. Name, address, telephone number of Applicant:

Name: _____
(Please print)

Address: _____

Telephone: _____ Fax: _____

Email: _____

2. Applicant Type: Individual, Partnership, Corporation, Limited Liability Company,
Other: _____

3. Other person or persons authorized to receive service of notice:

Name: _____
(Please print)

Address: _____

Telephone: _____ Fax: _____

Email: _____

4. Type of business or activity and location of activity involved in the request:

**5. Nature of request: Variance, renewal of variance, revocation of variance,
modification of variance, compliance schedule, or other relief:**

6. Section(s) of the regulations, permit condition(s), or order involved in the request:

The Environmental Protection Agency (EPA) does not recognize the granting of variances by the Clark County Air Pollution Control Hearing Board. The applicant hereby acknowledges that a variance granted by this Board may subject the Applicant to EPA enforcement action involving the assessment of penalties and fines.

7. Reason for submitting request:

8. Information for Variance Request:

- a. Owner of facility (if different from Applicant):

Name: _____
(Please print)
Address: _____
Telephone: _____ Fax: _____
Email: _____

- b. Length of time of variance requested:

- c. Is activity permitted with the Department of Air Quality?

Yes: _____ No: _____

- d. Give all particulars which will enable the Hearing Board to evaluate the merits of the Appeal request including, but not limited to (attach extra pages and other information as necessary):
- 1) Map showing location of activity.
 - 2) Complete description of the activity including, where applicable, a flow diagram and all information which may be useful in evaluating the pollution potential of the activity or determining the nature of air pollution control that is needed.
 - 3) Qualitative and quantitative analysis of emissions resulting from such activity (where applicable).
 - 4) Requirement(s) and date(s) that such can be met
 - 5) Detailed description of action to be taken to meet these requirements, including type, cost, and design and operating features of any control equipment to be installed.
9. **For other requests, give any particulars, which might help the Board in reaching a decision on the request.**
10. **An application filing fee of \$140.00 must accompany this application. This fee is non-refundable. Please make check payable to the Department of Air Quality and mail to 4701 W. Russell Road, Suite 200, Las Vegas, NV 89118.**

The applicant or a representative of the applicant must be present at the hearing board meeting to answer any questions by the Air Pollution Control Hearing Board Members. **Please include any supporting documentation with this form for distribution to the respective board members.**

I affirm that all statements made on this application are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____

Title: _____

FOR OFFICE USE ONLY

Application Received on _____

Application Fee \$140.00 - Check /Cash _____ Received Date: _____